Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

Medicare GLP-1 Bridge program

Frequently asked questions for providers

Medicare Plus Blue℠ and BCN Advantage℠

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In this document

Overview

The Centers for Medicare & Medicaid is launching the pilot program Medicare GLP-1 Bridge, which will run from July 1, 2026, through Dec. 31, 2027. The program provides a new weight loss coverage pathway for eligible patients.

Patient eligibility and exclusions

The program is intended for Medicare Part D beneficiaries who aren't eligible to receive a GLP-1 through their Part D plans and who don't have Type 2 diabetes, moderate-to-severe sleep apnea or metabolic dysfunction-associated steatohepatitis, known as MASH, as those conditions require requests to be submitted through the patient's Part D plan instead.

- The patient must be at least 18 years old.
- The GLP-1 must be prescribed to reduce excess body weight/maintain weight loss.
- At the time of GLP-1 initiation, the patient must meet at least one of the following:

- BMI of at least 35
- BMI of at least 30 with heart failure with preserved ejection fraction, uncontrolled hypertension despite concurrent treatment with two antihypertensive medications, or chronic kidney disease stage 3a or above
- BMI of at least 27 with pre-diabetes, prior myocardial infarction, prior stroke or symptomatic peripheral artery disease

Prescribing and prior authorization workflow

Requests under the Medicare GLP-1 Bridge program don't follow the standard Medicare Part D pathway. Instead, coverage determination requests are submitted to a CMS-designated central processor rather than to the patient's Part D plan. Here are the steps:

1. Providers should confirm plan eligibility (member is enrolled in a standalone prescription drug plan, or PDP, or Medicare Advantage plan that offers prescription drug coverage in 2026) and clinical criteria listed on Page 1 of this document are met before sending a request to expedite the review process.
2. Prescribe an eligible GLP-1 drug, which includes all formulations of Foundayo™ and Wegovy®, as well as the Zepbound® KwikPen®. **Note:** Zepbound single-dose vials and pens aren't eligible.
3. Send the prescription to the pharmacy using your standard process. **Note on the prescription the member's obesity diagnosis code within the E66 family along with indicating "SEND TO BRIDGE FOR WEIGHT MANAGEMENT" in the "Notes" section of an electronic prescription or as an annotation on non-electronic prescriptions.** This is important to prevent the claim being sent to the member's Part D plan.
4. Once the pharmacy transmits a claim to Medicare GLP-1 Bridge, Medicare will confirm eligibility.
    - If the claim is denied at this step, the pharmacy will get instructions on how to resubmit the claim.
    - If the claim is eligible, Medicare GLP-1 Bridge will still deny the claim, but will instruct the pharmacy that prior authorization is required, and the pharmacy will send the necessary request form to you within 24-72 hours.
    - If within 72 hours you haven't received this request form via ePA or fax, visit **cms.gov/glp-1-bridge.pdf*** to download and submit the fax form.

5. Submit the prior authorization request to Humana, the central processor CMS has selected for Bridge. Approval or denial will be mailed to your patient and communicated to you via ePA or fax within 72 hours of submission.
6. After the first fill is approved, subsequent fills don't require a new prior authorization, unless a patient switches between covered GLP-1 drugs. Only 28-day or 30-day fills are covered under Medicare GLP-1 Bridge.

We encourage providers to review the full CMS prescriber fact sheet, which is available at **cms.gov/files/document/glp-1-prescribers-c-1.pdf**.*

How does a member qualify for the Medicare GLP-1 Bridge program?

To qualify for coverage of eligible GLP-1 drugs through the Medicare GLP-1 Bridge program, Medicare beneficiaries must meet certain prior authorization criteria and be enrolled in a standalone prescription drug plan, or PDP, or Medicare Advantage plan that offers prescription drug coverage in 2026.

How can a provider refer a member to the Medicare GLP-1 Bridge program?

The pharmacy must submit a claim initially that will result in a rejection to establish an eligibility record with the Bridge program. Following that, the pharmacy or healthcare provider must submit a prior authorization request for an eligible GLP-1 drug using either an electronic portal (for example, CoverMyMeds or SureScripts) or fax for an eligible GLP-1 drug to Humana, the Bridge central processor. Humana will **not** have a call center to accept prior authorization requests by telephone.

What happens if a prior authorization is submitted to the plan?

If a provider submits a prior authorization request to the Part D plan for a GLP-1 product that isn't covered by the Part D plan but may be eligible for coverage under the Medicare GLP-1 Bridge, the plan will deny the case and provide information about the program that will refer the member or provider to the Bridge program for consideration. A "negative" authorization will be loaded to provide the pharmacy with Bridge-related processing information. That negative authorization will only be active for 14 days.

How does the GLP-1 coverage interact with a member's Part D coverage?

There isn't any interaction directly with the member's Part D plan initially. The out-of-pocket costs covered under the Medicare GLP-1 Bridge program won't count toward an eligible beneficiary's true out-of-pocket costs or total drug spend under their Part D plan.

How does the pharmacy submit a claim for a GLP-1 drug?

The pharmacy will need to submit the claims being obtained through the Bridge program to Humana directly using BIN 028918 and PCN MEDDGLP1BR. CMS will be educating all pharmacies on how to submit claims for these covered drugs. Paper claims and direct member reimbursements won't be accepted by the central processor. Additional information can be found on CMS' website located at cms.gov/medicare/coverage/prescription-drug-coverage/medicare-glp-1-bridge.*

Once a decision is made, will the member and provider be notified of the decision?

Yes, Humana will be sending determination letters to both members and providers.

If Humana denies the request for coverage under Bridge, will there be an appeal process offered?

No, CMS confirmed that there won't be an appeal process for the program at this time.

If a request is approved for one of the eligible GLP-1s, can members change to different eligible GLP-1 medications?

No, the program will only approve one medication for each request. If the member changes to another eligible medication, another review will be required by Humana following the process in the Prescribing and prior authorization workflow section.

Once approved, are three-month or 90-day supply fills allowed through the Bridge program?

Members can only fill 28 days at a time for injectable GLP-1s and 30 days at a time for oral medications. Each fill requires a $50 copayment to be paid at the dispensing pharmacy.

Can members use the M3P program in coordination with the Bridge?

M3P is only offered as part of their Part D plan so M3P will not work with the Bridge program.

How long are eligible GLP-1 requests approved for?

Humana will be approving through Bridge, when criteria is met, through Dec. 31, 2027.

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